

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       | BZ       | 18     | 8/30/01  |
| FORMALITY REVIEW          |          | 897    | 07-20-01 |
| RESPONSE FORMALITY REVIEW | A.T      | 1071   | 1403/01  |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 6/26/01 |
| 2        | 6/26/01 |
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| 35       | 7/2     |
| 36       | 7/2     |
| 37       | 7/2     |
| 38       | 7/2     |
| 39       | 7/2     |
| 40       | N       |
| 41       | V       |
| 42       | N       |
| 43       | N       |
| 44       | N       |
| 45       | V       |
| 46       | V       |
| 47       | V       |
| 48       | N       |
| 49       | N       |
| 50       | V       |

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 51       | 6/26/01 |
| 52       | 6/26/01 |
| 53       | N       |
| 54       | N       |
| 55       | N       |
| 56       | V       |
| 57       | N       |
| 58       | V       |
| 59       | V       |
| 60       | N       |
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| 67       | V       |
| 68       | V       |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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